

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

CERTIFICATE OF DEATH

REGISTRAR'S NO.

656081

BIRTH NO.

15
AGE OF DEATH
77 AND 1/2
RESIDENCE
0003

1. PLACE OF DEATH A. COUNTY Yuma		B. LENGTH OF STAY IN THIS TOWN IN ARIZONA Unk		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE Calif		B. COUNTY Riverside	
C. CITY OR TOWN Parker		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Blythe		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
D. FULL NAME OF HOSPITAL OR INSTITUTION Agency Hosp Parker, Arizona				D. STREET ADDRESS P.O. Box 352			

DECEDENT
PERSONAL
DATA

3. NAME OF DECEASED (TYPE OR PRINT) Clarence Howard Arsenault			4. SEX M	5. COLOR OR RACE Caus	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married
6B. NAME OF SPOUSE Dorothy Arsenault		7. DATE OF BIRTH MONTH DAY YEAR Mar 26 23 31	8. AGE (IN YEARS LAST BIRTHDAY) 31	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
9B. KIND OF BUSINESS OR INDUSTRY		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) New York	11. CITIZEN OF WHAT COUNTRY?	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN)	13. SOCIAL SECURITY NO. 069-14-7994
14A. FATHER'S NAME Joseph Arsenault		14B. BIRTHPLACE (STATE OR COUNTRY) New South Wales	15A. MOTHER'S MAIDEN NAME Marion Escherich		15B. BIRTHPLACE (STATE OR COUNTRY) New York
16. INFORMANT'S SIGNATURE Dorothy Arsenault - wife			17. DATE OF DEATH Oct 4 1954		

CAUSE
OF
DEATH
(ITEM 18)

18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.		MEDICAL CERTIFICATION. (A) Multiple injuries DUE TO (B) Automobile accident DUE TO (C)		19. INTERVAL BETWEEN ONSET AND DEATH 20 min.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		

PERATIONS,
AUTOPSY

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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MEDICAL
CERTIFICATION

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 10/4 1954, TO 10/4 1954, THAT I LAST SAW THE DECEASED ALIVE ON 10/4 1954, AND THAT DEATH OCCURRED AT 12:10 A.M. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.		
22A. SIGNATURE William W. Harris M.D.	22B. ADDRESS Parker, Ariz	22C. DATE SIGNED 4 Oct 54

DEATH
DUE TO
EXTERNAL
VIOLENCE

23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE Accident	23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) Road about 2 miles west of Parker	23C. (CITY OR TOWN) (COUNTY) (STATE) Parker Yuma Arizona
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY Oct. 4 1954 12:10A	23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	23F. HOW DID INJURY OCCUR? Automobile accident

CORONER'S
CERTIFICATION

24A. CORONER'S SIGNATURE O. Hamilton	24B. ADDRESS Parker, Arizona	24C. DATE SIGNED 4 Oct 1954
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FUNERAL
DIRECTOR
AND
REGISTRAR

25A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input checked="" type="checkbox"/>	25B. DATE Oct 4, 1954	25C. NAME OF CEMETERY OR CREMATORY	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Yuma Yuma Arizona
26A. DATE REC. BY LOCAL REG. 10/20/54	26B. REGISTRAR'S SIGNATURE Robert	27A. FUNERAL DIRECTOR'S SIGNATURE C. Johnson	27B. ADDRESS Yuma, Arizona